

NHS Derby and Derbyshire Three-year Mental Health Inpatient Strategic Plan 2024/5 – 2027/8

Executive Briefing Pack



Our Vision



Our Shared Agreements



Our Guiding Policies For Action

Joined Up Care Derbyshire

We will ensure robust governance

mechanisms (contractual and

oversight) are in place to ensure

our population receives inclusive,

safe, compassionate care

which promotes dignity and

respect.

We will ensure we are making effective use of resources by eliminating the use of long-stay detention with no clear therapeutic benefit, realigning resources to community support and implement a strength -based shared approach to flexible care provision, risk management and oversight, which is underpinned through a focus on Human Rights

> We will ensure reasonable adjustments are provided for those people who need them

We will continue to improve community services, reducing the reliance on inpatient care to keep people safe and well

Our Governance and Oversight Process



Our Aim

Our strategic plan aims to build on the work undertaken within the Derbyshire health and care system over the past three years to transform the Mental Health community and urgent care offers by focussing on the improvement required within inpatient services to provide safe, high quality, therapeutic care.

The case for change is clear both at a national and local level and this document sets out the strategic actions to be taken across Derby and Derbyshire to realign the mental health pathway to ensure right care is being delivered in the right place, at the right time, and in the least restrictive environment.

Our strategic plan is aligned to the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation Program and shares the aim of improving quality and safety of care people experience in patient settings through the delivery of a transformed model of care.



THREE KEY STAGES

Purposeful admissions

People are only admitted to inpatient care when they require assessments, interventions or treatment that can only be provided in hospital, and if admitted, it is to the most suitable available bed for the person's needs and there is a clearly stated purpose for the admission.

Therapeutic inpatient care

Care is planned and regularly reviewed with the person and their chosen carer/s, so that they receive the therapeutic activities, interventions and treatments they need each day to support their recovery and meet their purpose of admission.

Proactive discharge planning and effective post-discharge support

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Discharge is planned with the person and their chosen carer/s from the start of their inpatient stay, so that they can leave hospital as soon as they no longer require assessments, interventions or treatments that can only be provided in an inpatient setting, with all planned post-discharge support provided promptly on leaving hospital.

TWO KEY ENABLERS

A fully multidisciplinary, skilled and supported workforce. Continuous improvement of the inpatient pathway. Using data, co-production and quality improvement methodology.

Our System of Strategic Partners

Derbyshire GP 🤝

Provider Board

DHU

Healthcare

Cygnet



South

Derbyshire

District Council









Probation Service





Derby and Derbyshire

Integrated Care Board

High Peak **Borough Council**





NHS University Hospitals of Derby and Burton NHS Foundation Trust



NHS Foundation Trust

Derbyshire Healthcare

NHS

The Derbyshire VCSE sector Alliance











DERBYSHIRE County Council



North East

Derbyshire District Council



NHS

England















Our Case for Change – Key Facts at a Glance

Derbyshire 24 (16.1%) of There are 35 Derby & Derbyshire Derby's small areas individuals currently (lower super output receiving level 2 areas) are in the The average length rehab inpatient care Derby & Derbyshire most deprived 10% of stay for people in England. ICS has 10.315 receiving level 2 The self-reported individuals listed on rehab inpatient care rate of happiness GP registers as cross the cohort is was lower in Derby diagnosed with a 5 and $\frac{1}{2}$ years, two & Derbyshire than In 2023/2 Severe Mental individuals have the national average

During 2023/24 there were 2,031 Derby & Derbyshire patients admitted into hospital for mental health assessment and treatment In 2023/2 410 inpatient stays included some form of restrictive interventions within which there were 3,827 episodes of restrictive practice recorded

22 of the 491 (4.5%) small areas (lower super output areas) in Derbyshire fell within the 10% most deprived in England GP registers as diagnosed with a Severe Mental Illness as at April 30 2024 During 2023/24

2031 patients were admitted into hospital for mental health assessment and treatment 3,440 individuals with a diagnosis of severe mental illness have four or more Long Term conditions

been in hospital over

40 years

Derby & Derbyshire

ICS 7,957

individuals listed on

GP registers as

diagnosed with a

Learning Disability

as at April 30 2024

Prevalence rates of Depression in Derbyshire in higher than the national average There are 95 individuals currently receiving secure inpatient care

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944 individuals with a diagnosis of learning disability have four or more Long Term conditions

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Our Guiding Policies for Action

Welcome to our bold, co-produced, reimagined vision VCULUTIC to our ooka, co-produced, reunagined visio If care for all NHS funded mental health inpatient settin Culture of Care Standards True Co-production Citizenship leople feel safe and cared. We value lived experier ligh-avality and trust Rights are what protected safe? 1805 Always Compassionat harm and traum alve difference and promote equ na about me w We believe who ested activities evenue le offer a range of the Here for everyone All care is trauma informed, autism informed & cultur and green space ore commitment life Outside hospital, support net

We will work with system partners to develop and implement a strength -based shared approach to flexible care provision, risk management and oversight, which is underpinned through a focus on Human Rights

Culture of Care standards Ref: NHS England » Culture of care standards for mental health inpatient services

- What this means:-
- We will ensure all providers of MH inpatient care achieve the national co-produced *Culture of Care* Standards
- We will require all providers of MH inpatient care to undertake stakeholder informed self-assessment and develop a service quality improvement plan
- We will ensure that all providers of MH Inpatient Care confirm the actions they will be taking to reduce barriers to access and improve provision of reasonable adaptations and adjustments to ensure equity of health outcomes
- We will support all providers of MH Inpatient Care to work collaboratively

Our Guiding Policies for Action

We will ensure we are making effective use of resources by eliminating the use of long-stay detention with no therapeutic benefit, realigning resources to community support

What this means:-

- We will improve our care and accommodation provision
- We will expand our Care and Treatment Review Oversight Processes
- We will strengthen our discharge planning processes
- By March 2027 we will ensure there are no patients in long-stay level 2 rehabilitation services who are clinically ready for discharge without a clear discharge plan
- We will reduce our expenditure on long-term inpatient care and increase our expenditure on community care and support.

What this means:-

- We will strengthen our quality assurance framework to ensure it monitors adherence to the culture of care standards by all providers.
- We will report at our public Board session the number of people subject to restrictive practices in the previous quarter, the clinical oversight processes and the improvement actions being taken.
- We will embed a Mental Health Inpatient quality dashboard which will inform our contract management and decision-making processes.
- We will establish systematic and robust engagement mechanisms to capture the voices of people who are using our services and those with lived experience, professionals and other key stakeholders to inform our improvement programs.

We will ensure robust governance mechanisms (contractual and oversight) are in place to ensure our population receives inclusive, safe, compassionate care which promotes dignity and respect

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Our Guiding Policies for Action

We will ensure that reasonable adjustments are provided for those people who need them

What this means:-

 We will ensure that reasonable adjustments are implemented across all mental health inpatient services for those people who need them and ensure this is underpinned through the use of the Reasonable Adjustment Flag on people's digital records

What this means:-

- We will embed the transformational improvements we have made with the roll out of our Living Well Model
- We will continue to improve access to our community services including uptake of annual health checks and Talking therapies recovery rates
- We will embed the changes we have made to our MH urgent and emergency care pathway ensuring people can access alternative services as close to their home as possible
- We will continue our focus on improving community service provision for people with a learning disability &/or autism in line with the principles of the national Building the Right Support Program

We will continue to improve community services, reducing the reliance on inpatient care to keep people safe & well

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Our Three-Year Strategic Plan with Key Milestones

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Guiding Policy	Key Action	Milestone Plan						
		24/25				25/26	26/27	Standard to be achieved by 31/3/27
		Q1	Q2	Q3	Q4			
Strength-based shared approach to flexible care provision, risk management and oversight	Self-Assessment against culture of care standards							Full adherence to Culture of care standards
	Service quality improvement action plan							
	Establishment of collaborative forum							
Eliminating the use of long-stay detention with no therapeutic benefit	Establishment of care and accommodation workstream							0 patients in long-stay level 2 rehabilitation services who are clinically ready for discharge without a clear discharge plan
	Expansion of Care and Treatment Review Processes							
	Additional capacity in place to strengthen discharge processes							
	Financial reporting across pathway							
Robust governance mechanisms in place to ensure inclusive, safe, compassionate care	Quality Assurance Framework reviewed							Robust quality assurance processes in place
	Quarterly reporting to ICB & ICP Board							
	Quality Dashboard Established							
	Program governance established							
Provision of reasonable adjustments for those who need them	Continued roll out of training across all providers re E&D, LD&A							Reasonable adjustments identified and acted upon
	Use of reasonable adjustment flag on digital records							
Continue to improve community services	Embed living well Model							Reduction in number of people accessing inpatient care not known to services
	Continue to Improve Access to services							
	Embed changes to MH Urgent Care Pathway							
	Delivery of the aims of the Building the Right Support national program LD&A							

Our Plan for What Good will Look like and How we will Measure it

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NHS E MH Inpatient commissioning Framework 2023

Outcome measures:

- Reduction in the number of people stranded in hospital when ready to leave
- Reduction in the number of people **sent away** a distance from their home
- Reduction in the number of people subject to restrictive behaviours
- Reduction in the number of people **susceptible** to poor and abusive care
- Reduction in the number of people **stigmatised** and discriminated against / at risk of criminalisation

Standards and operational performance metrics:

- Reduction in number of inappropriate out of area placements for acute admissions
- Reduction in number of people with LD&A receiving inpatient care
- Reduction in number of people with SMI receiving level 2 inpatient rehabilitation services
- Reduction of people with SMI receiving secure MH Inpatient services
 - Timely access to inpatient care:
 - \circ reduction in waits in ED,
 - o reduction in length of stay,
 - o improved flow and effective discharges
- Safe and effective inpatient care
 - access to therapeutic interventions and personalised trauma informed care and support
- Least restrictive environment:
 - reduction in episodes and duration of restrictive practice reduction in/ minimising segregation and reducing seclusion
- Improved access to SMI and LD & Autism Health Checks
- Reasonable adjustments provided for all those people who may benefit from them
- Delivery of a care & accommodation summit focused on people with severe mental ill-health
- Access, outcomes and experience for people with protected characteristics and identified priority groups will be measured to ensure any equity gaps are minimised.